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## PROBLEMS FACED BY SANITATION WORKERS IN TAMILNADU

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### ABSTRACT

*Sanitation workers in India face a multitude of daunting challenges in their daily work. This abstract provides an overview of the issues or problems faced by the environmental workers or sanitation workers, encompassing the hazardous working conditions in the work fields, inadequate safety measures, meagre wages, and a societal stigma. Our research work seeks to shed light on the hardships endured by sanitation workers and the urgent need for policy reforms and societal changes to address the problems. It emphasises the importance of improving their work environment, ensuring fair compensation, and dismantling the social prejudice that has historically marginalised essential workers.*

**Keywords:** *Sanitation workers, Environment, Working Conditions, Health Problems and Safety measures.*

### INTRODUCTION AND BACKGROUND OF THE STUDY

The research work is about problems faced by environmental workers or sanitation workers in Tamil Nadu. Each and every nation does not only depend on economic and financial stability. Apart from that, the government of every nation should mainly focus on the health consciousness of the people. But the people at present don't even care about it. The environmental workers or sanitation workers will maintain that. Here, sanitation means faecal waste and excludes solid waste. Environmental workers are those people who are employed to clean the environment and collect waste from our homes in the morning. In other words, a sanitation worker is a person responsible for cleaning, maintaining, operating, or emptying the equipment or technology at any step of the sanitation chain. Sanitation workers include toilet cleaners, pit or septic tank emptiers, sewer cleaners, and treatment plant operators. These sanitation workers provide a public service that is fundamental to achieving the ambitious global target for safely managed sanitation services set out in the Sustainable Development Goals (SDG). The goal is access to adequate and equitable sanitation and hygiene for all and an end to open defecation by 2030, paying special attention to

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the needs of women and girls and those in vulnerable situations.

Despite their essential role, however, sanitation workers are often invisible, discriminated against, and subject to serious occupational and environmental health hazards. The first comprehensive assessment of sanitation workers in low-income countries was released in 2019. The report acknowledged the need to build an evidence base to quantify and understand sanitation workers, stating that, 'Although significant advances have been made in the past decade in understanding urban sanitation technical systems, there is a dearth of good quality information about the workers who underpin those systems and about their working conditions'. The report is a key resource on sanitation workers and will be referred to as the global report in the following sections. A subsequent report assessing sanitation workforces at the city-level also identifies this knowledge gap, acknowledging that, 'in many settings data is scarce on the number of workers, their working conditions, modes of employment and legal status'. Efforts to reduce this knowledge gap include the Initiative for Sanitation Workers (ISW), which is a global advocacy partnership set up in 2018 by the World Bank (IBRD), the International Labour Organisation (ILO), the World Health Organisation (WHO), the SNV Netherlands Development Organisation, and WaterAid. The initiative raises awareness of sanitation workers globally, supports sanitation worker groups, and encourages and supports research on the topic. They are involved in the cleaning process in places like streets, parks, public spaces, sewers, stormwater drains, and public toilets. Their role in the environment is to ensure hygiene. We feel disgusted to even touch the waste in our house. But just think, if environmental workers didn't exist in society, our environment would be polluted. It would affect the health of the people around those types of polluted environments. The most hazardous chemicals are released from tanneries plastic producing factories. These industrial wastes are harmful to the environment and the sanitation workers who are involved in the cleaning process, too. They work not only in public places but also in schools, hostels, homes, and hospitals. People working in these types of places also clean the environment around them. During the cleaning process in the field work or contaminated sites, they may even be affected by some infections, health issues, serious injuries and so on. Even though they face a lot of problems like this, still, no effective measures are taken to protect their safety and health care. The job of an environmental worker has already existed in Tamil Nadu for years. In December 1982, the government of India established an Environmental Information System (ENVIS) as a planned programme.

The Department of Environment was created in 1995 as the Nodal department for dealing with the task of promoting environmental consciousness in the state. The department is concerned with

major projects like pollution abatement in the river Cauvery, Vaigai and Tamiraparanaï and in the Chennai city waterways under the National River Conservation Programme and Pollution abatement in lakes under the National Lake Conservation Programme, besides all aspects of the environment other than those dealt with by the Tamil Nadu Pollution Control Board. Sanitation workers are the heroes who are working for the nation's safety measures. They are pressing issues that demand our attention and solutions. Sanitation workers may be employed by the government or by private parties. In many developing countries, Private sanitation workers collect human excreta from certain types of toilets without any equipment, and most of the workers work only by using gloves. Sanitation workers provide a critical public service, essential for our daily lives and the environment. During the pandemic in 2019, sanitation workers had a high workload. In that time, they have a higher risk of infection due to the "presence of the viruses in faecal sludge and sewage". An estimate in 2018 put the number of "sanitation workers" in India at 5 million, and 50% of them were women. Typically, most of the women in India are involved in the contaminated process since it requires fewer technical skills and a lower degree of technology, resulting in employment as school toilet and drain cleaners. In India, the term manual scavengers is used historically for a subsection of sanitation workers. The official definition in Indian law is "manually cleaning, carrying, disposing of, or otherwise handling, human excreta in an insanitary latrine or in an open drain or pit". The practice has officially been banned since 1993, but still continues. The main approaches used to improve the situation of sanitation workers in developing countries include the reform of policy, legislation and regulation to acknowledge and professionalise the sanitation workforce. Furthermore, operational guidelines to mitigate the occupational risks of all types of sanitation work are required. This includes standard operating procedures, enforcement of laws, and personal protective equipment (PPE) for all aspects of sanitation work.

A third approach is to build strong unions and associations to protect workers' rights. Motivated staff are needed to keep cities clean and functioning. Concerns like fair wages, medical and maternity benefits, safety equipment, respect and security of employment must be addressed. Overall, a "positive perception of sanitation workers in government as well as civil society" would be helpful. Sanitation work can be grouped into formal employment and informal employment. Sanitation workers face many challenges. One of the main issues is the social stigma attached to sanitation work. Sanitation workers are at an increased risk of becoming ill from waterborne diseases. To reduce this risk and protect against illness, such as diarrhea, safety measures should be put in place for workers and employees. The working conditions, legal status, social aspects

etc., are vastly different for sanitation workers in developing countries like India versus those in high income countries. Much of the current literature on sanitation workers focuses on the conditions in developing countries like India (Tamil Nadu). Sanitation workers who are employed by the government usually have comparatively good infrastructure, tools, and personal protective equipment (PPE), and face only moderate health and safety measures.

## **REVIEW OF LITERATURE**

Tiwari (2008), in *Occupational Health Hazards in Sewage and Sanitary Worker* focused on the occupational health hazards faced by sewage and sanitary workers in India. The study highlights that these workers are exposed to harmful gases such as methane, hydrogen sulfide, and ammonia, leading to respiratory problems, including chronic cough, breathlessness, and infections. They also suffer from musculoskeletal disorders due to heavy lifting, awkward postures, and long working hours, along with skin infections from prolonged contact with sewage and contaminated water. Biological hazards, including exposure to bacteria, viruses, and parasites, increase the risk of infectious diseases. Tiwari emphasizes the importance of personal protective equipment (PPE), proper training, and awareness programs to reduce these risks. The study also recommends engineering solutions and stricter legislative interventions, such as mechanised cleaning and health and safety regulations. Overall, it stresses that sanitation work is high-risk and under-protected, and urgent measures are needed to safeguard workers' health and ensure safer working conditions.

Navtej Kaur (2025), in "Occupational Health Problems of Municipal Solid Waste Management Workers in India" focused on a cross-sectional descriptive study to investigate the occupational morbidities of municipal solid waste (MSW) workers in India. The research included 408 workers, of whom 313 participated (77%), and used direct interviews and clinical examinations with a standardized questionnaire to assess health outcomes. The study found a high prevalence of respiratory ailments, dermatological issues, ocular disorders, and nail infections, with observed morbidity rates ranging between 21% and 47%. Occupationally associated morbidities such as falls (63.6%), accidents (22%), and injuries (73.2%) were also common. Musculoskeletal morbidities affected multiple major joints (17–39%), reflecting significant ergonomic risks during waste handling. Kaur emphasizes that poor working conditions, lack of protective gear, and inadequate sanitation facilities contribute to these health problems. The findings highlight the need for ergonomically designed protective equipment, clean water access, and wash facilities at work sites. The study concludes that comprehensive strategies incorporating safety training, sanitation infrastructure, and routine health surveillance are essential to reduce occupational health burdens

among MSW and sanitation workers.

Lakshmi, A. et al., (202,0), in A Cross-Sectional Study on adoption of standard precautions among sanitary workers examined the use of standard safety measures among sanitation workers in Chennai and Madurai. The study highlights that a large proportion of workers do not consistently adopt personal protective measures, such as gloves, masks, and hand hygiene practices. Many workers reported frequent needle stick injuries and cuts from sharp objects, reflecting unsafe handling of waste materials. The research identifies gaps in awareness regarding occupational safety protocols and emphasises the risk of infections, including bacterial and viral diseases. Workers are often exposed to biohazards and chemical contaminants without proper protective gear. The study also observes that training programs on hygiene and safety are minimal or absent. Lack of access to clean water and sanitation facilities at work further increases health risks. The authors recommend mandatory PPE provision, regular safety training, and monitoring of hygiene compliance. They stress the importance of government and employer interventions to reduce occupational hazards. Overall, the study underscores the urgent need for improved occupational health measures for sanitation workers in urban Tamil Nadu.

Pushparani, J. et al., (2019), in A Cross-Sectional Study to Assess the Health Profile of Street Sweepers and Sanitary Workers in a Zone of Greater Chennai Corporation analyzed the health conditions of sanitation workers in Chennai. The study found that the majority of workers suffer from musculoskeletal problems due to prolonged bending, lifting, and repetitive movements. It also reported a high prevalence of respiratory issues, including chronic cough and breathlessness, caused by exposure to dust, bioaerosols, and pollutants. Workers commonly experience ophthalmic problems, such as eye irritation and infections, along with skin conditions like rashes and dermatitis from contact with contaminated waste. The research highlights poor use and limited availability of personal protective equipment (PPE), increasing their vulnerability to occupational hazards. Many workers lack awareness of safe handling practices and hygiene measures. The study emphasizes the importance of regular health screening, vaccination, and provision of protective gear. It also stresses the need for training programs to improve safety knowledge among workers. The authors call for government and municipal interventions to ensure better working conditions. Overall, the study underscores that sanitation workers face significant health risks and require urgent occupational health support in Tamil Nadu.

Robert, S. et al., Occupational Health Concerns for Sanitary Workers in Varkala Municipality presented an in-depth examination of the occupational health issues faced by sanitary workers in

a municipal setting. The study adopts a descriptive research design to assess both physical and psychological health outcomes. It identifies a high prevalence of respiratory ailments, including chronic cough and breathlessness, caused by prolonged exposure to dust, sewage, and harmful gases. Musculoskeletal disorders such as back pain, joint stiffness, and limb fatigue were common due to repetitive manual labor and improper postures. The study also reports frequent skin infections and dermatological problems resulting from direct contact with contaminated waste. Workers experienced eye irritation and headaches, indicating poor environmental safety standards. In addition to physical health problems, the research highlights significant mental stress and emotional exhaustion linked to social stigma and job insecurity. Many workers reported feelings of social exclusion and lack of dignity associated with sanitation work. The study found inadequate availability and inconsistent use of personal protective equipment (PPE), which increased vulnerability to occupational hazards. Access to clean drinking water, washing facilities, and rest areas was limited at work sites. Regular medical check-ups and health insurance coverage were largely absent. The authors emphasised the need for institutional support, improved safety training, and strict enforcement of occupational health regulations. They recommend the mechanisation of hazardous tasks and greater municipal accountability. Overall, the study concludes that sanitary workers continue to face severe health and social challenges, requiring urgent policy reforms and sustained welfare measures.

## **RESEARCH GAP**

Limited research on the long-term health consequences of exposure to hazardous materials and poor working conditions among sanitation workers. An insufficient understanding of the psychological and social challenges sanitation workers face, such as stigmatisation, discrimination, and mental health issues. The effectiveness and awareness of safety measures and training programs for sanitation workers in preventing accidents and health hazards. Evaluation of government policies and their actual impact on improving the lives of sanitation workers, including issues like low wages and job security. A lack of research focusing on women sanitation workers and their specific challenges, including safety concerns and gender-related issues.

## **RESEARCH PROBLEM**

The main core part of the research problem in our topic is why is there no respect and dignity provided for the people who work as sanitation workers? In this society, people consider sanitation

workers as disgusting people. Even the family members of those workers ignore them and treat them disrespectfully. Their own children feel sad to tell the job done by them. This is not the only problem faced by them. As we mentioned in the introduction part , they are affected by infections, diseases, injuries, etc. In some places, there is not even a place to rest for them. The government needs to take more effective measures to help them. They also have weak legal protection. Even the salary for them is less for their contribution towards society . These problems are faced by sanitation workers. They should be treated fairly in society. How do unsafe working conditions, irregular employment opportunities, poor access to healthcare, and social discrimination affect their physical and mental health, and job stability or security of sanitation workers?

### **OBJECTIVES OF THE STUDY**

The following are the objectives of the research work:

- ❖ To develop and invest in technologies that reduce the physical strain on workers, such as automated waste collection systems.
- ❖ To implement measures to prioritise the safety and health of sanitation workers, including providing proper personal protective equipment (PPE) and training on its use.
- ❖ To advocate for fair wages, benefits, and job security for sanitation workers, recognising the essential nature of their work.

### **METHODOLOGY**

This study employs a non- doctrinal based research and descriptive research designs to analyse the problems. Primary data were collected through a survey method using Google Forms, with a sample size of 50 respondents. A structured questionnaire was crafted to gather quantitative responses regarding consumer trust, perception, and engagement with online marketing in light of businesses responding to negative user-generated content. Statistical tools such as averages and percentages are employed for quantitative analysis, and complementary qualitative insights are derived from secondary sources, including literature review and articles from journals.

Table 1: Age

S.No.	Particulars	No. of respondents	Percentage
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1.	20-30	32	64
2.	31-40	8	16
3.	41-50	5	10
4.	50 Above	5	10
	Total	50	100

Source: Primary Data

This table represents the age of the number of respondents. 32 respondents are within the age of 20-50. 8 respondents are within 31-40. 5 respondents are within 41-50. 5 respondents are above the age of 50.

Table 2: Marital Status

S.No.	Particulars	No. of respondents	Percentage
1.	Married	34	68
2.	Unmarried	16	32
	Total	50	100

Source: Primary Data

This table represents the marital status of the number of respondents. Around 50 people, 34 respondents are unmarried, and 16 of whom are married.

Table 3: Qualification

S.No.	Particulars	No. of respondents	Percentage
1.	+2	10	20

2.	+2 Fail	18	36
3.	10 <sup>th</sup> completed	22	44
	Total	50	100

Source: Primary Data

This table represents the qualifications of the number of respondents. Out of 50 respondents, 10 respondents only completed 12th std and 18 respondents failed in 12th std. 22 respondents completed 10th std and worked as sanitation workers.

Table 4: Work Experience

S.No.	Particulars	No.of respondents	Percentage
1.	Less than 1 year	25	50
2.	One Year	9	18
3.	Two year	4	8
4.	More than 2 year	12	24
	Total	50	100

Source: Primary Data

This table represents how many years those respondents have been working as sanitation workers. 25 respondents worked for less than 1 year. 9 respondents worked for 1 year. 4 respondents worked for two years. 12 respondents worked for more than 2 years.

Table 5: Job Satisfaction

S.No.	Particulars	No. of. Respondents	Percentage
1.	Yes	34	68
2.	No	16	32
	Total	50	100

Source: Primary Data

This table represents does sanitation workers love their work. Out of 50 respondents, 34 respondents said yes and 16 respondents said no.

Table 6: Safety Measures

S.No.	Particulars	No.of respondents	Percentage
1.	Yes	36	72
2.	No	14	28
	Total	50	100

Source: Primary Data

This table represents the question of whether they are undertaking any formal safety measures while working. Out of 50 respondents, 36 said yes and 14 said no.

Table 7: Health Hazards

S.No.	Particulars	No. of respondents	Percentage
1.	Agree	26	52
2.	Neutral	7	14
3.	Disagree	17	34
	Total	50	100

Source: Primary Data

This table represents the point of view of people in society towards the sanitation workers. Here, 26 respondents agreed to the above statement. 7 told us that they are neutral about the statement. 17 people strongly disagreed with the statement.

Table 8: Workplace Challenges

S.No.	Particulars	No. of respondents	Percentage
1.	Agree	29	58
2.	Neutral	7	14
3.	Disagree	14	28
	Total	50	100

Source: Primary Data

This table represents the view of people towards the above statement. 29 people agreed with the statement, 7 people said that they have a neutral opinion towards the statement, and 14 people disagreed with the statement.

Table 9: Legal protection

S.No.	Particulars	No. of respondents	Percentage
1.	Agree	26	52
2.	Strongly agree	12	24
3.	Neutral	9	18
4.	Disagree	2	4
5.	Strongly disagree	1	2
	Total	50	100

Source: Primary Data

This table represents the point of view of people towards the statement about the sanitation workers. 26 people agreed with the statement. 9 people said that they can't say anything about the statement, which means a neutral opinion. 2 people disagreed with the statement. 1 person strongly disagreed with the statement and 12 people strongly agreed with the statement.

Table 10: Financial Security

S.No.	Particulars	No. of respondents	Percentage
1.	Agree	40	80
2.	Neutral	7	14
3.	Disagree	3	6
	Total	50	100

Source: Primary Data

This table represents the point of view of sanitation workers. 40 respondents agreed, and 7 respondents said that they felt neutral; 3 respondents disagreed.

Table 11: Safety Guidelines

S.No.	Particulars	No. of respondents	Percentage
1.	Agree	37	74
2.	Neutral	12	24
3.	Disagree	1	2
	Total	50	100

Source: Primary Data

This table represents the point of view of sanitation workers (respondents). 24 respondents agreed, 12 of 50 said that they can't say, 1 respondent disagreed, and 13 respondents strongly agreed with the statement.

Table 12: Trade Unions

S.No.	Particulars	No. of respondents	Percentage
1.	Agree	21	42
2.	Neutral	10	20
3.	Disagree	39	39
	Total	50	100

Source: Primary Data

This table represents the point of view of sanitation workers. 21 of them agreed, 10 said they have neutral opinion, and 19 of them disagreed.

## FINDINGS

1. Sanitation workers face severe health risks from constant waste exposure.
2. Chronic physical illnesses are common among sanitation workers.
3. Mental health problems arise due to stigma and discrimination.
4. PPE provided to workers is largely inadequate.

5. Wages are low despite the hazardous nature of the work.
6. Contractual employment causes job insecurity.
7. Healthcare and compensation access are limited.
8. Women workers face harassment and unequal treatment.

### **LIMITATION OF THE STUDY**

This study has a limited number of participants; it might not accurately represent the diverse experiences of sanitation workers across the country. This study has a limited number of participants; it's not an accurate representation of the diverse experiences of sanitation workers across the country. I collected data from Theni and Chennai workers. Focusing on a specific region or city may not capture the full spectrum of challenges faced by sanitation workers in different parts of India. Focusing on a specific region or city may not capture the full spectrum of challenges faced by sanitation workers in different parts of India. It may be challenging to access and interview the most vulnerable or marginalised sanitation workers, limiting the understanding of their unique issues.

### **SUGGESTIONS**

1. The government should ensure the mandatory provision of high-quality Personal Protective Equipment (PPE) and conduct regular safety training programmes.
2. Mechanisation and technological interventions should be introduced to eliminate hazardous manual cleaning practices, especially sewer and septic tank cleaning.
3. Sanitation workers must be provided with fair wages, regular employment, pensions, and social security benefits to ensure financial stability.
4. Special healthcare schemes, periodic medical check-ups, and mental health support services should be made accessible to all sanitation workers.
5. Legal awareness camps should be organised to educate sanitation workers about their rights, welfare laws, and grievance redressal mechanisms.
6. Awareness programmes should be conducted to eliminate social stigma and promote respect and dignity for sanitation workers within society.
7. Educational scholarships and skill-development programmes should be provided for the children of sanitation workers to improve social mobilisation.

## CONCLUSION

The study also shows the working conditions of the sanitary workers. The problems in the workplace can be solved by providing equal rights like other government employees. Discrimination and stigmatisation in the workplace and society reveal the steps to be taken by the government to uplift the sanitary workers socially. Uplifting the underprivileged in terms of education, rights, power and employment will improve the status of the sanitary workers. Providing safety measures for sanitation workers, conducting regular medical camps, preventing manual scavenging, and creating awareness about government schemes will definitely improve the quality of life of sanitation workers.

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